

Frozen Shoulder

What is a 'frozen' shoulder and how is it treated?

A *'frozen' shoulder* is where the tissues tighten around the joint and stop you from moving the shoulder - the medical name for this is adhesive capsulitis. There is no actual change in temperature - 'frozen' means that the joint cannot be moved. Frozen shoulders may just happen, but sometimes they follow an injury. They can also occur after a stroke and are more common in people with diabetes.

Frozen shoulder usually lasts for 18 months to 2 years and treatment is unlikely to shorten this period. The main aim of treatment is to reduce the pain and give you back the movement after the pain has gone. Pain can be particularly bad at night and you may need painkillers and sedatives to deal with this. You can also try a transcutaneous electrical nerve stimulation (TENS) machine.

Once the pain begins to lessen it is important to regain your shoulder movement, and you will probably need physiotherapy at this point. If your shoulder movement remains very restricted then manipulation under a general anaesthetic can help.

Should I see a doctor?

Shoulder pain should always be taken seriously. So, if these approaches are not successful, see a doctor to ensure the diagnosis is correct and to progress treatment.

The condition can be diagnosed on the basis of listening to the story and a good clinical examination. A diagnostic ultrasound may be necessary and is very useful. X-rays are not usually required, but may be recommended to rule out other conditions, such as arthritis, that can cause elbow pain. An arthrogram, involving an injection under xray guidance, an MRI scan and/or blood tests may occasionally be indicated if the diagnosis is not clear.

Other treatments

Medications: Different types of medications can be used including forms of anti-inflammatories or other types of painkillers may be prescribed.

Injection therapies may be indicated. There are various forms of injections used now that your doctor may discuss with you.

The vast majority of shoulder problems do not need surgical intervention. However, when there is a torn tendon, a cartilage injury or severe arthritis, AND where no improvement has been obtained after non-surgical approaches, then surgery may be an option. This is rarely necessary in frozen shoulder. If an operation is performed, much exercise therapy and mobilisation of the shoulder is necessary.

If your shoulder problem is interfering with daily activities, such as driving and washing, you may find it useful to see an occupational therapist (OT). Help is also available from your local Disability Employment Adviser (DEA), who can be contacted via the Jobcentre or Jobcentre Plus office.

Heat and cold therapy

- Heat (e.g. a hot-water bottle) applied for 15–20 minutes, particularly before home exercises; patients with significant rest pain or pain at night should not use heat therapy
- Cold (e.g. ice wrapped in a moist towel) applied for 15–20 minutes, four times daily, particularly for those patients with pain at rest and following home exercises

General principles

- Perform exercises twice daily.
- Do not over stretch when doing these exercises.
- Discontinue if moderate or severe pain occurs.

Specific exercises

1. From a standing position, bend forward from the waist and let the arms hang loosely downwards. Rotate the affected arm gently in a circular motion, 20 rotations in one direction, then 20 in the other. Start with small circles and try to increase the size of the circle every day.



(CONTINUED)

2. Stand or sit in a chair. Try to raise the affected arm with the elbow straight over your head. With the good arm, push the affected arm slightly further to get an additional stretch. Hold for 20 seconds, then relax. Repeat five times.



5. In a sitting position, keep the elbow of the affected arm at your side (a belt around your trunk and elbow will help). Bend your elbow. Rotate your forearm outwards as far as you can, keeping your elbow at your side. Hold for 5 seconds, then relax. Repeat 5–10 times.



7. In a sitting position, raise your arms to the side until they are at 90° to your body. Turn your palms upwards and continue raising your arms as far as you can, hold for 5 seconds. Repeat 5–10 times.

3. Stand in a walking position. Bend the elbow of the affected side and support the forearm against a door frame or corner. Gently rotate your trunk away from the arm until the stretching can be felt in the chest muscles. Stretch for approximately 20 seconds. Repeat five times.

4. Stand or sit. Stretch the arm on the affected side over to the opposite shoulder by pushing it at the elbow with the other arm. Hold the stretch for 20 seconds. Relax. Repeat five times.

6. Standing, bring the affected arm up behind your back, as if to reach for your wallet or to undo your bra. To get a further stretch, hold a towel or piece of rope in your hand and pull it up with the opposite hand. Hold for 10 seconds. Repeat 10 times.